

2009 OUTSTANDING PUBLIC PERSONNEL AWARD NOMINATION FORM

This award is given to an outstanding South Dakota employee of any local, county, state or federal agency who has made a substantial contribution towards the employment of people with disabilities. Experience should span over a period of at least 10 years.

NOMINEE'S NAME _____

BUSINESS ADDRESS _____
Address City Zip

HOME PHONE _____ BUSINESS PHONE _____

TOTAL YEARS OF PROFESSIONAL EXPERIENCE IN EMPLOYMENT FOR PEOPLE WITH
DISABILITIES _____

THIS NOMINATION SUBMITTED BY _____
Name

ADDRESS _____

TELEPHONE _____ TITLE _____

1. Prepare a statement describing the nominee's contributions or actions leading to the employment of people with disabilities in the community. You may include up to 5 pages of supporting material or support letters.

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2. Indicate the approximate number of individuals assisted in the past three years, and the nature of their disabilities.

3. Provide a biographical sketch of the individual.